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Symposium on covert video surveillance

Reply to Dr Evans re covert video surveillance

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Dr Evans states that 'the use of CVS involved a confusion between clinical practice and criminal surveillance' (1). Dr Evans seems unaware of the difficulties in diagnosing that a child's apnoeic/cyanotic episodes are due to suffocation by a parent rather than natural causes. If a child who is being abused is to be protected through child care proceedings as laid down in the Children's Act 1989, this will involve a court of law. Thus the investigation of possible child abuse must involve collecting evidence that will stand up in that court of law. Covert video surveillance provides definitive evidence to ensure the protection of children who are abused in this way, and without it children may remain inadequately protected and suffer further harm. Good clinical practice would include having sufficient information to be as certain as possible about the diagnosis.

Dr Evans states that our 'use of CVS contains a large element of research activity' (1). Research involves 'an activity involving a patient that is undertaken with the prime purpose of testing a hypothesis and permitting conclusions to be drawn in a hope of contributing to general knowledge' (3). Our use of covert video surveillance falls, however, into the realms of medical practice: 'an activity undertaken solely with the intention of benefiting an individual patient, and where there is reasonable chance of success. The progressive modification of methods of investigation and treatment in the light of experience is a normal feature of medical practice and is not to be considered as research' (2). Nevertheless, because this was an additional method of investigation we were very careful to submit our use of CVS to the LREC – the Local Research Ethics Committee – at the Brompton Hospital. The British Paediatric Association have also stated that there is sufficient experience with the use of CVS to consider that it be part of medical practice (3).

Finally, Dr Evans says 'the possibility and nature of adverse events would have to be canvassed' referring to the potential harmful effects of CVS (1). He also talks of the 'heightened risk of serious physical abuse ...' (1). It is not CVS that creates a risk to the child, it is the abusing parent. The detection of serious abuse and the separation of the child from the abusing parent, are, in our opinion, of paramount importance if the child is to be adequately protected.

Although criminal prosecution may result from the detection of abuse, this does not mean paediatricians should avoid identifying abuse simply because the police may wish to prosecute the perpetrator. Because of the difficulties in diagnosing this form of child abuse, attempts to obtain evidence that is as incontrovertible as possible, must surely be in the interests of all concerned.

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Key words

Munchausen's syndrome by proxy; covert video surveillance; child protection.

References

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(2) Royal College of Physicians of London. *Research involving patients.* Royal College of Physicians of London, 1990: 2.

(3) BPA Working Party. *Report on the evaluation of suspected imposed upper airway obstruction.* British Paediatric Association, Feb 1994.